



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, HONOLULU, HAWAII 96813  
or P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: (808) 587-0460 FAX: (808) 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)  
Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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NOTE: This is a public document.

## LOBBYIST REGISTRATION FORM

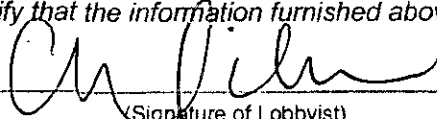
STATE OF HAWAII  
STATE ETHICS COMMISSION

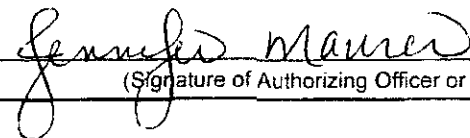
(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Wilson	Cathy	M	954-993-2754
MAILING ADDRESS (Street)			FAX 786-594-4641
4999 Kahala Ave #148			EMAIL cwilson@ahcs.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96816	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Automated HealthCare Solutions		954-874-4613
MAILING ADDRESS (Street)		FAX
2901 SW 149th Ave #400		EMAIL
(City)	(State)	(Zip Code)
Miramar	FL	33027
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Jennifer Maurer		954.892.2497
MAILING ADDRESS (Street)		FAX 954.465.2251
2901 SW 149 Avenue, Suite 400		EMAIL jmaurer@ahcs.com
(City)	(State)	(Zip Code)
Miramar	Florida	33027

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 (Signature of Lobbyist)	5/23/13 (Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Jennifer Maurer	Govt Affairs Director	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Automated Healthcare Solutions LLC	954.892.2497	
MAILING ADDRESS (Street)	FAX	EMAIL
2901 SW 149 Ave., Suite 400	954 465.2257	jmaurer@ahcs.com
(City)	(State)	(Zip Code)
Miramar	Florida	33021
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
 (Signature of Authorizing Officer or Person Represented)	5/30/2013 (Date)	